

# Summary of Benefits Report for Ohio, Medicaid

## InsureKidsNow.gov

### Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	1 x 6 months	
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	To age 21 when provided by a dentist. To age 6 when provided by a physician.
Sealants (list any tooth-specific limits)	Yes		Permanent first and second molars for children under 18
Space maintainers	Yes		

### Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	Yes	1 x 6 months	Tobacco cessation counseling 2 per 365 days	
Dental examinations	Yes		No more than 1 exam every 180 days	dental screening - birth through the age of two years; dental examinations start from 2 years old
Assessment of risk for tooth decay	Yes	1 x 6 months		

### X-Rays

Bitewing	Yes		Presence of erupted permanent second molars; allowed at six-month intervals	
Full Mouth	Yes	1 x every 5 years	PA is required if needed more frequently	
Panoramic	Yes		Permitted for children six years of age and older; if under six years old, prior authorization must be obtained; if repeated more frequently than once every five years, prior authorization must be obtained; minimum of five years must elapse between the provision of panoramic radiographs and a complete series of radiographs, unless prior authorization is obtained	

### Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		Silver diamide fluoride (SFF) - Payment is limited to up to 4 teeth per date of service regardless of number of units billed or teeth treated.	

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<b>Fillings</b>				
Silver amalgam	Yes		No more than three restorations per tooth per date of service	
Tooth colored composite	Yes		No more than three restorations per tooth per date of service	
<b>Crowns/tooth caps</b>				
Stainless steel crowns	Yes		Prefabricated stainless steel crowns with resin window shall be covered for anterior teeth only	
Metal (only) crowns	No			
Metal/porcelain crowns	Yes - only with prior authorization		Prior authorization is required for porcelain fused to noble metal crowns	
Porcelain (only) crowns	Yes		Covered newly and for primary teeth only	
<b>Root Canals (endodontics)</b>				
Root canals on baby teeth (pulpotomies)	Yes		Coverage to age 21	
Root canals on permanent teeth	Yes		Covered for permanent teeth only	
<b>Gum (periodontal) therapy</b>	Yes - only with prior authorization		Prior authorization is required for gingivectomy scaling, root planning, and gingivoplasty services	
<b>Dentures</b>				
Partial dentures	Yes - only with prior authorization		All partial dentures must be prior-authorized; Partial dentures cannot be replaced, remade, or exchanged for complete dentures for a minimum period of eight years	
Complete dentures	Yes - only with prior authorization		All dentures must be prior authorized; Denture, complete, partial, or combination thereof, shall not be replaced or remade within eight years	
Bridges	No			
<b>Orthodontics*</b>				
Retainers (orthodontic)	Yes - only with prior authorization			

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Braces	Yes - only with prior authorization		Criteria for braces: treatment of malocclusion, misalignment, or malposition of teeth with adverse impact	Prior authorization is required on all tooth guidance appliances to control harmful habits including, but not limited to, thumb- and finger-sucking, tongue-thrusting, and bruxism. Criteria for braces: Severely handicapping orthodontic condition
<b>Oral surgery</b>				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization		Impacted molar (less third molar) soft tissue requires PA; PA is required for all completely bony impactions including a radiograph of the impaction	
Care of abscesses	Yes			
Cleft palate treatment	Yes			
Cancer treatment	Yes - only with prior authorization		Coverage of removal of cysts or tumors is on a by-report basis. Submission of radiographs of the area and detailed explanation of findings and treatment are required for authorization	
Treatment of fractures	Yes			
Biopsies	Yes			
<b>Treatment of jaw joint problems (TMJ)</b>	Yes		All treatment for temporomandibular therapy/treatment requires prior authorization	Medical need based on report of clinical findings, radiographs and diagnostic casts.
<b>Emergency room services provided by a dentist</b>	Yes			The service was an emergency dental procedure performed in the emergency room.
<b>Inpatient Hospital Services</b>	Yes - only with prior authorization		All elective inpatient hospital admissions require preadmission certification	The nature of the surgery or the condition of the patient precludes performing the procedure in the dentist's office or other nonhospital outpatient setting and the inpatient or outpatient service is a medicaid covered service

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<b>Anesthesia</b>				
General anesthesia	Yes			Covered for surgical and restorative procedures when performed by an eligible provider
Intravenous conscious sedation	Yes		Not separately reimbursed	
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes		Not separately reimbursed	

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).